

REPORT TO THE TWENTY-THIRD LEGISLATURE
STATE OF HAWAII
2005

PURSUANT TO SENATE CONCURRENT RESOLUTION NO. 151, S.D. 1,
1999 LEGISLATIVE SESSION, REQUESTING THE
DEPARTMENT OF HEALTH TO SUBMIT TO THE LEGISLATURE
A REPORT ON THE STATEWIDE COMPREHENSIVE STRATEGIC PLAN
FOR SERVICES AND SUPPORTS FOR INDIVIDUALS WITH
DEVELOPMENTAL DISABILITIES OR MENTAL RETARDATION

PREPARED BY:

STATE OF HAWAII
DEPARTMENT OF HEALTH
OCTOBER 2004

EXECUTIVE SUMMARY

In accordance with Senate Concurrent Resolution No. 151, S.D. 1, of the 1999 Legislative Session, the Department of Health is submitting a report to the 2005 Legislature on the implementation, including recommendations for statutory amendments, if any, of the five-year statewide, comprehensive strategic plan for services and supports for individuals with developmental disabilities or mental retardation.

The statewide, comprehensive strategic plan included an assessment of the current system, a vision for and a philosophy of the future of developmental disabilities services in Hawaii, and outcome-based measures that include outcome statements, target areas, performance targets, milestones, and strategies to address: a) The provision of long-term care services; b) The waitlist for services; c) Self-determination of individuals with developmental disabilities or mental retardation, and d) maximization of finances, state and federal moneys, and other resources.

This Five Year Plan was also developed to satisfy both the Makin Lawsuit Settlement, and the Olmstead Decision requirements, and was originally used as the planning document for both.

Implementation of the 5-Year Plan required the Developmental Disabilities Division (DDD) to first “operationalize” the concepts of self-determination and person-centered planning. Secondly, the Waiver Renewal was utilized to fund these tasks. Additionally, the Waiver Renewal supports individual independence. The Waiver Renewal Application was resubmitted to the Center for Medicare and Medicaid (CMS) in March, 2002, approved in November 2002, and implemented on July 1, 2003.

In the coming years, the DDD will be again looking at ways to improve case management services, and also at the development and implementation of a statewide crisis response network to support individuals with developmental disabilities who have additional co-occurring diagnoses of mental illness or who demonstrate severe challenging behaviors.

Finally, a summary of the outcome measures which were to be completed in 2004 (highlighted), and all years prior to these dates, are listed by category and completion date.

REPORT TO THE LEGISLATURE

IN COMPLIANCE WITH SENATE CONCURRENT RESOLUTION NO. 151, S.D. 1

Requesting the Department of Health to submit to the Legislature a report on the statewide, comprehensive, strategic plan for services and supports for individuals with developmental disabilities or mental retardation (DD/MR), its implementation, including recommendations for statutory amendments, if any.

INTRODUCTION

Senate Concurrent Resolution 151, S.D. 1, 1999, requested the Department of Health to develop and implement a five-year statewide, comprehensive strategic plan for services and supports for individuals with developmental disabilities or mental retardation prior to the regular session of 2001.

In developing the plan, the Department of Health was required to solicit input from individuals with developmental disabilities or mental retardation, parents or family members of individuals with developmental disabilities or mental retardation, private and public agencies, the State Planning Council on Developmental Disabilities, the University of Hawaii Center on Disability Studies, and the Hawaii Disabilities Rights Center (formerly the Protection and Advocacy Agency of Hawaii). The Department of Human Services and the collective bargaining exclusive representatives of its employees were also required to participate in the development and implementation of the plan.

The statewide, comprehensive strategic plan includes an assessment of the current system, a vision for and a philosophy of the future of developmental disabilities services in Hawaii, and outcome-based measures that include outcome statements, target areas, performance targets, milestones, and strategies to address: a) The provision of long-term care services; b) The waitlist for services; c) self-determination of individuals with developmental disabilities or mental retardation; and d) The maximization of finances, state and federal moneys, and other resources.

Finally, Senate Concurrent Resolution 151, S.D. 1, 1999, requested that the Director of Health submit to the Legislature a report on the plan and its implementation, including recommendations for statutory amendments, if any, prior to the convening of the Regular Sessions of 2002, 2003, 2004, 2005, and 2006. This report covers year 2004.

5-Year Strategic Plan Development

This five-year strategic plan was also developed to satisfy both the Makin Lawsuit Settlement, and the Olmstead Decision requirements, and was being used as the planning document for both. Currently, the State has completed its Olmstead plan and recently the Implementation plan. The Olmstead Plan will be addressed in addition to this year's strategic plan, and as thus is not represented here.

Act 133, Hawaii Revised Statutes, 1998, defines the parameters of the Developmental Disabilities system of supports and services, where a) all supports and services shall be administered or provided based on a person-centered plan, which resulted from client choices and decision-making that allowed and respected self-determination; b) the amount of dollars available to the individual to effectuate the individualized service plan must be identified; and c) individuals with developmental disabilities must be allowed to direct the expenditure of the identified funds. Hawaii thus became the first state in the nation to have the concepts of self-determination and person-centered planning incorporated into their Developmental Disabilities law (Chapter 333F, Hawaii Revised Statutes). The driving principles behind Act 133 are to: 1) maximize flexibility and choice, and 2) maximize relationships and community membership.

Year 2004 Update

The Developmental Disabilities Division's (DDD) initial task was to "operationalize" the concepts and principles of self-determination and person-centered planning by: 1) Individualizing consumer directed planning and services; 2) Individualizing budgets; 3) Supporting consumer direction and management of resources; 4) Restructuring provider network; and 5) Monitoring consumer outcomes.

The National Core Indicators Project (NCIP) is Hawaii's best and primary tracking measure. Annually, a random statewide sample of 500 individuals with developmental disabilities, participate in face-to-face interviews. The NCIP conducts an extensive record review and interviews individuals with developmental disabilities, families and service providers. The NCIP conducts survey research to include over 1,000 surveys to all guardians and all families of individuals with developmental disabilities living at home. The data from these extensive and thorough interviews and surveys are compiled and compared nationally with 26 other states, as well as compared internally to measure year to year progress, areas of improvement and areas in need for improvement. Additional questions of specific interest to the DDD (e.g. use of medications, choice and control, etc.) are also administered. This sample represents approximately one quarter of the total DDD population, and is therefore considered a representative sample of the whole. The baseline measures provided in our 2004 outcomes are provided via this process.

Additionally, the main funding vehicle through which all the services are supported is the Medicaid Waiver Renewal (I.D. number 0013.90.R3). The number of individuals with DD/MR served by the current Waiver is depicted in Figure 1, along with individuals receiving services and supports through purchase of service. The Waiver will be operated by the Department of Health through the Medicaid State Agency, the Department of Human Services.

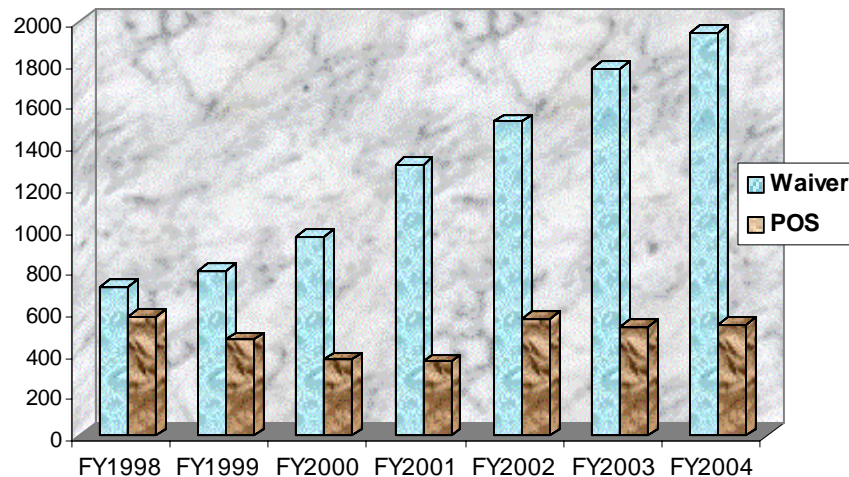


Figure 1. Individuals With DD/MR Served By The Waiver And Purchase of Service

The Waiver Renewal focuses on broad services that will allow individuals with DD/MR to achieve their desired outcomes, and has distinct advantages for individuals with DD/MR such as: 1) Empowering of individuals; 2) Flexibility via the recognition of diverse lifestyles and needs of people; 3) Offering of lifestyle supports to a diverse population of unique individuals (rather than a compartmentalized service delivery system); 4) Enabling individuals to direct and manage their resources according to their desired lifestyles; 5) Supporting public policy goals (Act 133 and Act 189); and 6) Shifting leadership from system centered to person centered via “circles” (other individuals close to the person with DD/MR).

Our current Waiver was approved from October 2002 through June 2005. A waiver renewal amendment was presented in FY ‘2004 to further operationalize consumer directed services and individualized budgets as outlined in this 5 Year Plan, and in accordance with Act 133.

The DDD is again looking at ways to improve case management services. Case managers today have an ever-increasing scope of responsibilities with numerous obstacles. Yet, case managers remain a highly committed and invested group that has excellent ideas about how to improve lives of individuals with disabilities and real commitment to do what it takes.

A consultant with the DDD’s national organization, National Association of State Directors of Developmental Disabilities Services inc. (NASDDDS), recently looked at Hawaii’s DDD case management system (2004) and recommended the following for improving the case management system:

- 1) Work with the Department of Human Services to reduce reporting requirements. If requirements cannot be reduced, move to administrative case management for

- reimbursement of state case managers' activities, which can only be claimed for activities that directly relate to Medicaid funded services;
- 2) Institute Community Support Guide as an available service; and
 - 3) Restructure the system for more effective functioning of the case management units.

Another critical area that the DDD is looking into is the development and implementation of a statewide system for responding to the needs of individuals with developmental disabilities who also have diagnoses of mental illness and/or exhibit severe behavioral disorders (DD/MI/BD). Individuals with DD/MI/BD present significant challenges to standard approaches to service delivery because their needs are comprehensive and cut across state and community systems of services.

The following system design model for a crisis response network in Hawaii, was suggested by another consultant from NASDDDS:

- 1) Establish a "Coordinating Committee" or task force to provide a vision, set the mission, and identify specific responsibilities of each department;
- 2) A "Working Group" to design and implement new funding and operational strategies;
- 3) "Response Team" to provide an integrated, cross-system approach to serving people with DD/MI/BD;
- 4) "Community Support Network" made up of representatives from each developmental disabilities and mental health provider organization who are responsible for coordinating crisis support in their respective organizations; and
- 5) "Temporary Respite" – One to two crisis beds in a community setting for individuals who go into crisis and who would otherwise require institutional placement.

The model provides three levels of intervention:

- Level 1 – Community Support Network – Staff in community agencies.
- Level 2 – Response Team – on-site technical assistance, consultation & treatment, and direct support.
- Level 3 – Temporary Respite – intensive treatment, training and support.

A prime objective of the crisis response network is the development of key core service capacities across the service delivery system. A third consultant working in conjunction with the two NASDDDS consultants, suggests that the DDD look in 3 broad areas to develop these key core service capacities:

1. Enhancing the skills of current providers.
2. Making better use of and developing specialized support services.
3. Developing providers with specialized capacities.

Summary of Outcome Measures

A summary of the outcome measures which were to be completed in 2004 (highlighted) are listed by category and completion date in Appendix A. Outcome measures prior to 2004 are also listed by category and completion date in Appendix A. In the Commentary column, new additions, edits, and updates to previous years are in **bold** print.

The Developmental Disabilities Division met [29%] of its 2004 outcome measures [2 out of 7].

Appendix A. DDD 5-Year Plan Outcomes with 7/04 and 12/04 Completion Dates

Outcome I-A: Individuals with DD live in residences of their choice with necessary supports.

A-1. Target Area: People with DD/MR will be living in own homes

Target Dates	Outcome Measures	Met Y/N	Responsible Party	Commentary
To be met in 2005	<u>A-1. Performance Target:</u> 70% of people receiving supports or services through the DDD, will be living in residences of their choice by 7/1/05.			<ul style="list-style-type: none"> • The National Core Indicators Project's (NCI) quality indicator assessment tool and process is used by the DDD for this assessment. <p>Next year (2005), a new question will be added to the NCI report asking the individual "If given a choice, where would you want to live?" This question will measure an individual's self-determined choice of his or her residence.</p>

Target Dates	Outcome Measures	Met Y/N	Responsible Party	Commentary
Scheduled to be met in July, 2003	<u>A-1. Milestone:</u> 50% of people receiving supports or services through the DDD will be living in residences of their choice by 7/1/03.	N	DDSB	<ul style="list-style-type: none"> Based upon the results of Hawaii's participation in the National Core Indicators (NCI) project which includes an annual face-to-face interview with 500 clients, <u>42%</u> of the sample reported in 2002-2003 that they choose or pick the place where they live; and 40% report that they pick the people with whom they live. <p>The data above was preliminary, and the final report shows a significant difference. For 2002-2003, according to the NCI results, 21% chose where they live without help or with some help. For 2003-2004, 15% chose where they live without any help or with some help. For 2002-2003, 22% were able to choose or with some help, the people they live with. For 2003-2004, 14% were able to choose or with some help, the people they live with.</p>
Scheduled to be met in July, 2004	<u>A-1. Milestone: (updated from 1-Year Plan)</u> 50% of people receiving supports or services through the DDD will be living in residences of their choice by 7/1/04.	N	CMISB DDSB	<ul style="list-style-type: none"> For 2003-2004, 15% chose where they live without any help or with some help.

Target Dates	Outcome Measures	Met Y/N	Responsible Party	Commentary
Scheduled to be met in December, 2001	<u>A-1. Strategies:</u> a) Amend Waiver by 12/01 to support people living in their own home (paying bills, managing budget, home finding, etc.).	N	DDD	<ul style="list-style-type: none"> The current Waiver was approved on October 25, 2002 and is retroactive to July 2001, by the Centers for Medicare & Medicaid (CMS). The Waiver includes supports for making choices so individuals with DD/ MR can live in their own homes. A Waiver Amendment introducing additional consumer directed supports (personal assistance services only) was resubmitted on September 9, 2003. Implementation is planned for January 2004. Results have not yet been tabulated (DDSB).
Met on Due Date of December, 2001	b) Inform people of their rights, that they have a choice of: (i) whom they want to live with and (ii) where they want to live.	Y	CMIS QA	<ul style="list-style-type: none"> Individual's rights are addressed during the plan development of the Individual Service Plan. Activities to support self-advocacy, hiring self-advocate mentors, and creating tools to facilitate choice making, started January 2002. Two self-advocate individual mentors hired as staff on November 2002 by CMISB have developed guidelines for person-centered planning for self-advocates.
Scheduled to be met in December, 2001	c) Obtain baseline by 12/01.	N	QA	<ul style="list-style-type: none"> Baseline data in 2001-2002 indicated 41% of the people chose where they lived. A question asking more specifically "where" the individual with DD/MR wants to live (own home, rental alone, rental with others, with family, etc.) was added for 2003-2004 NCI survey.

Target Dates	Outcome Measures	Met Y/N	Responsible Party	Commentary
Met on Due Date of July, 2001	d) Explore expanded use of State-funded assistance for independent living arrangements based upon need. Review by 7/01/01.	Y	DDSB CMISB	<ul style="list-style-type: none"> • The DDD has researched information related to the Section 8 Housing & Assistance Program, and the Department of Business & Economic Development's Housing & Community Development Corporation of Hawaii. A resource book has been prepared by CMISB. • Waitlist is closed at this time for the state level. CMISB has coordinated efforts with C&C Section 8 Housing Assistance Payment Program. CMISB has been actively participating with HUD and other DD partners, on the Housing for persons with Disabilities Work Group, to have the State Housing and Community Development Corporation of Hawaii (HCDCH) to open up the voucher system for individuals with DD. • Case managers are provided ongoing information on the housing assistance resources that will support people in living in residences of their choice. Several clients have applied for Section 8 and are on the City's waitlist. • The State Council on Developmental Disabilities was awarded a contract to explore independent living arrangements & introduce appropriate legislation.

Target Dates	Outcome Measures	Met Y/N	Responsible Party	Commentary
Scheduled to be met in July, 2004	e) Work with City and County and State Public Housing Agencies to identify and obtain specific grants for people with developmental disabilities by 7/1/04.	N N	DDSB CMISB	<ul style="list-style-type: none"> • Not done (DDSB). • No one in CMISB was assigned to do this project. During FY 2003-04, Theresa Whelley Ed.D. from the Center on Disability Studies, Hawaii University Affiliated Program, applied for a Long Term Supports & Housing Grant under the Real Choice Systems Change Grants. No word on whether funding was granted.

Outcome I-B: Persons will be safe and in good health.

B-1. Target Area: Abuse and Neglect

Target Dates	Outcome Measures	Met Y/N	Responsible Party	Commentary
To be met in 2005	<u>B-1. Performance Target:</u> Reduce cases of abuse and neglect to 0 by 7/1/05.			<ul style="list-style-type: none"> ● FY '04 Abuse cases = 13.
Scheduled to be met in July, 2003	<u>B-1. Milestones:</u> Reduce cases of abuse and neglect by 50% of baseline 7/03.	N	DDSB	<ul style="list-style-type: none"> ● Abuse and neglect cases increased (7 cases in FY 2002, and 14 in FY 2003). These data were based on DDD's Incident Reports.
Met on due date of July, 2001	<u>B-1. Strategies:</u> a) Obtain baseline by 7/1/01.	Y	QA	<ul style="list-style-type: none"> ● Incident Reports on Waiver clients were categorized and hand counted by November, 2001, by the Developmental Disabilities Services Branch. ● 7 cases of abuse and neglect in FY 2002 (7/1/01). ● Complaints and tracking process complete at this time. Baseline reflects an average of 16 reported injuries per month.
Scheduled to be met in July, 2001	b) Centralize database for reports of injuries, alleged abuse & neglect.	N	DDIS	<ul style="list-style-type: none"> ● Database currently tracked by Ombudsman. Database under revision to enhance automated tracking of current reports and measure incidences of abuse & neglect under DD CARES system.
Met on Due Date of July, 2001	c) Refine existing mechanism for receiving complaints from the public.	Y	QA	<ul style="list-style-type: none"> ● Baseline for report was completed on 6/30/02. Copies of incident reports have been sent to QA's DD Ombudsman Office for tracking and analysis, reflecting 2-4 allegations of abuse and neglect per quarter. ● Ombudsman received 90 complaints in FY 2003, with documented resolution of 74 complaints.

Target Dates	Outcome Measures	Met Y/N	Responsible Party	Commentary
Met on Due Date of July, 2001	d) Implement & track follow-up on alleged reports of abuse & neglect.	Y	QA	<ul style="list-style-type: none"> • Complaints & tracking process in place 11/02. • Office of DD Ombudsman piloted and implemented full scale on 11/02.
Met on Due Date of July, 2001	e) Recommend criminal investigation for any supported cases of abuse & neglect.	Y	QA CMISB	<ul style="list-style-type: none"> • Current practice – CMISB reports suspected cases of abuse & neglect to APS/CPS. • CMISB draft of policies & procedures are completed and being reviewed.
Met on Due Date of December, 2001	f) Require criminal history checks for all direct support workers contracted by the DDD.	Y	DDD CMIS	<ul style="list-style-type: none"> • DHS requirement for direct support workers under the Waiver. • POS contract requirement for all staff having direct contact with clients.
Scheduled to be Met in December 2001	g) Require education on individual rights & responsibilities for direct support workers.	N	DDD	<ul style="list-style-type: none"> • Required in Waiver contracts (Policies & Procedures). • Amendment: Assure providers educate direct support workers on individual rights by placing statement in scope of services in contract. Will present to the DDD Waiver Policy Advisory Committee for approval.

B-2. Target Area: Injuries

Target Dates	Outcome Measures	Met Y/N	Responsible Party	Commentary
To be Met in 2005	<u>B-2. Performance Target:</u> Reduce injuries to 50% of baseline by 7/05.			<ul style="list-style-type: none"> 196 injuries in FY 2002. 204 injuries in FY 2003. 337 injuries in FY '04. <p>Factors affecting increase in injuries -- Waiver clients increased from FY '03 to '04, thereby increasing the potential pool for reportable incidents. The Waiver also requires reports that are treated by a physician, ambulance or hospital, whereas providers have not been consistent in the type of injuries reported. A further investigation of the reportable injuries actually showed a decrease of 30% (212 to 148), which would suggest that the increase may be attributable to inconsistent reporting in the past year in addition to the increased number of participants. However, this information is still valued from a prevention perspective in identifying specific areas to focus upon.</p>
Scheduled to be Met in July, 2003	<u>B-2. Milestone:</u> Reduce injuries to 20% of baseline by 7/03.	N	DDSB	<ul style="list-style-type: none"> FY 2002 = 196 injuries. FY 2003 = 204 injuries. 4% increase over baseline.

Target Dates	Outcome Measures	Met Y/N	Responsible Party	Commentary
Met on Due Date of July, 2001	<u>B-2. Strategies:</u> a) Obtain baseline by 7/1/01.	Y	QA	<ul style="list-style-type: none"> ● Incident Reports on Waiver clients were hand counted in November, 2001. ● Complaints & tracking process complete at this time. Baseline reflects an average of 16 reported injuries per month. ● FY 2002 = 196 injuries.
Scheduled to be Met in July, 2001	b) Centralize database for reports of injuries, & alleged abuse & neglect.	N	QA	<ul style="list-style-type: none"> ● Database is being revised to enhance automated tracking of current reports and measure injuries under DD CARES system.
Met in November, 2001	c) Review trend on a quarterly basis for preventive action by 7/1/01.	Y	QA	<ul style="list-style-type: none"> ● QA review process for the DDD completed in November, 2001. ● Ombudsman Office reports trends quarterly.

B-3. Target Area: Dental Care

Target Dates	Outcome Measures	Met Y/N	Responsible Party	Commentary
To be Met in 2005	<u>B-3. Performance Target:</u> 80% of individuals requiring dental services receive such services by 7/05.			
Met on Due Date of July, 2003	<u>B-3. Milestone:</u> 50% of individuals requiring dental services receive such services by 7/03.	Y	QA	<ul style="list-style-type: none"> • NCI Data for 2003-2003: 16% (decrease from 20% in FY 2002) of the individuals randomly selected had a dental visit within the past 6 months. 2003-2004 = 14%. • NCI doesn't quite address this objective, and therefore a new dental question was added in 2002-2003 that asks: "Did you receive needed dental services?" 90% of the respondents answered yes. 2003-2004 not yet tabulated.
Met on Due Date of July, 2002	<u>B-3. Strategies</u> Obtain baseline by 7/1/02.	Y	QA	<ul style="list-style-type: none"> • Through the National Core Indicators Project's quality indicator assessment tool and process (26 participating states), Hawaii's main QA tool, the DDD samples 500 randomly selected consumers. This probe sample demonstrates 20% of sampled consumers had dental visits in the last 6 months. • New dental question added to 2002-2003 survey – "Did you receive needed dental services?" 90% of respondents answered yes.

Outcome I-C: Individuals attain desired outcomes as detailed in their ISPs.

C-1. Target Area: Individual Outcomes

Target Dates	Outcome Measures	Met Y/N	Responsible Party	Commentary
To be Met in 2005	<u>C-1. Performance Target:</u> Based upon standardized outcomes measures, qualities of life for individuals with DD will improve by 20% over baseline by 7/05.			
Scheduled to be Met in July, 2003	<u>C-1. Milestone:</u> Based upon standardized outcomes measures, qualities of life for individuals with DD will improve by 10% over baseline by 7/03.	N	QA	<ul style="list-style-type: none"> Using a quality of life index based on the NCI outcomes, there was no change between 2001-2002 and 2002-2003 with a 75% index in each year.
Met on Due Date of July, 2001	<u>C-1. Strategies:</u> a) Obtain qualities of life baseline for a representative sample of individuals in the DD service system, utilizing a standardized tool.	Y	QA	<ul style="list-style-type: none"> The National Core Indicators Project, quality indicator project process (26 states participating), is Hawaii's main Quality Assurance tool. We randomly select 500 consumers to participate in face-to-face interviews, observations, record review, and survey analysis. Hawaii's first year data analysis has been publicly presented statewide and results made available at http://www.hsri.org/cip/cipresults.html. Based on the NCI, an index was developed which reflected a 75% rating on collective outcomes.
Met on Due Date of July, 2002	b) Implement the Robert Wood Johnson self-determination pilot project through 7/1/02.	Y	CMISB	<ul style="list-style-type: none"> POS contract executed for period July 1, 2001 through June, 2003 for the RWJ pilot areas of Kauai and West and North Hawaii continued to meet the RWJ pilot project's flexible use of funding streams. Contract extended to June 2005.

Target Dates	Outcome Measures	Met Y/N	Responsible Party	Commentary
Met on Due Date of July 2001	c) Evaluate person-centered planning process on an annual basis thereby strengthening CM functions & responsibilities.	Y	QA CMISB	<ul style="list-style-type: none"> As part of QA, process to review as part of CIP will be implemented starting 2/02, but will have no baseline for this year. Questions asking families/guardians to evaluate the person-centered planning process were added for 2002-2003. 85% of the participants, families, guardians, or caregivers responded that the ISP was somewhat useful or very useful. 2003-2004 to be sent out in Dec., 2004. CMISB will review the evaluation process with QA and data will be captured on the “outcomes desired” data set through DD CARES system annually.
Met on Due Date of July, 2002	d) Review and analyze all Developmental Disabilities Division’s 5-Year Plan Self Determination outcome trends on a regular basis and take appropriate action. Implement by 7/1/02.	Y	DDD QA CMISB	<ul style="list-style-type: none"> DDD – 5 Year Plan is reviewed annually. DDD is in the process of renewing and enhancing the strategic plan. QA – 5 Year Plan is reviewed annually. CMISB – On-going implementation and annual revision of each of CMISB’s unit’s one year plans.
Met on Due Date of July, 2001	e) Implement a more flexible Waiver by 12/31/01 that will support persons to attain their desired outcomes.	Y	DDD	<ul style="list-style-type: none"> The current Waiver was approved on October 25, 2002 and is retroactive to July 2001 by the Center for Medicare & Medicaid (CMS). The Waiver includes supports for making choices so that individuals with DD/MR can live in their own homes. The Waiver Policy Advisory Committee was formed in April, 2002 to allow input and advice from individuals, parents, providers, etc., into the Waiver Renewal.

Outcome I-D: Individuals will have appropriate work and/or increased income.

D-1. Target Area: Work

Target Dates	Outcome Measures	Met Y/N	Responsible Party	Commentary
To be Met in 2005	<u>D-1. Performance Target:</u> 70% of people desiring work will have employment by 7/05.			
Scheduled to be Met in July, 2003	<u>D-1. Milestone:</u> 50% of people desiring work will have employment by 7/03.	N	QA	<ul style="list-style-type: none"> Based on the NCI supplemental question for 2002-2003, 6% of people who desire to work are working. <p>The data above was a preliminary figure and does not answer the question. We do not have the data on the number of people who desire to work and are working.</p> <p>The final report reflects 2002-2003: 12% of people interviewed work, and 2003-2004: 15% of people interviewed work.</p> <p>Data on the number of people who desire to work but are not working. 2002-2003: 35%. 2003-2004: 34%.</p>
Scheduled to be Met in July, 2004	<u>D-1. Milestone: (updated from 1-Year Plan)</u> 50% of people desiring work will have employment by 7/04.	N	DDSB	<ul style="list-style-type: none"> See above explanation.

Target Dates	Outcome Measures	Met Y/N	Responsible Party	Commentary
Met on Due Date of July 2001	<u>D-1. Strategies:</u> a) Identify baseline by 7/1/01.	Y	QA	<ul style="list-style-type: none"> • CIP random sample of 500 individuals reflects that of those sampled, 1.8% work in the community and like their jobs. • Questions relating to work were added to the 2002 CIP survey (i.e. Question on whether an individual in ADH would rather work). • Based on the NCI sample of 500 individuals (2002-2003), 2% work in the community and like their job and 74% of individuals in Adult Day Health would rather work. <p>The data for 2002-2003 recorded at 74% last year was preliminary data and has been revised. The correct percentage of individuals who would rather be working was 35% for 2002-2003 and 34% for 2003-2004. 12% was not applicable because they were already working in 2002-2003. 15% was not applicable because they were already working in 2003-2004, which is an increase of 3% from the previous year.</p>
Met on Due Date of July 2001	b) Revise Waiver definition of Supported Employment.	Y	DDD	<ul style="list-style-type: none"> • The Waiver definition of Supported Employment was revised to include: 1) Job Development; and 2) Job Placement.
Scheduled To be Met in June, 2004	e) Measures: (Updated from 1-Year Plan) - Number of individuals receiving HAB-SE (baseline by 6/30/04). - Number of individuals receiving POS funds for employment training (baseline by 6/30/04).	Y Y	CMISB CMISB	<ul style="list-style-type: none"> • During FY 2004, 19 individuals received HAB-SE. • 69 individuals received POS funds for employment training.

Outcome I-D: Individuals will have appropriate work and/or increased income.

D-2. Target Area: Increased Income

Target Dates	Outcome Measures	Met Y/N	Responsible Party	Commentary
Scheduled To be met in 2005	<u>D-2. Performance Target:</u> 70% of people desiring to increase their income will do so by 7/1/05.			
Scheduled To be met in July, 2003	<u>D-2. Milestones:</u> 50% of People desiring to increase their income will do so by 7/1/03.	N	QA	<ul style="list-style-type: none"> • Supplemental question: Are you making enough money? - 38% of those individuals working said yes. • Supplemental question: Are you making more money this year than last year? - 28% of those individuals working said yes.
Scheduled To be Met in July, 2004	<u>D-2. Milestones: (Updated from 1-Year Plan)</u> 50% of people desiring to increase their income will have employment by 7/01/04.	N	DDSB	<ul style="list-style-type: none"> • Again, the data above which was submitted in 2003 was updated. For the question “Are you making enough money?” the correct data shows that 18% said yes for 2002–2003 and 12% said yes for 2003-2004. For the question “Are you making more money this year than last year?” the correct data shows that 9% said yes for 2002-2003, and 12% said yes for 2003-2004, which results in an increase of 3%. 74% were not applicable in 2002-2003 because they did not earn money compared to 62% who were not applicable for 2003-2004, which means that there was a 12% increase in the number of people earning money.

	<u>D-2. Strategies: (Updated from 1-Year Plan)</u> e) Measures: (Updated from 1-Year Plan) <ul style="list-style-type: none"> - Number of individuals receiving HAB-SE (baseline by 6/30/04). - Number of individuals receiving POS funds for employment training (baseline by 6/30/04). 	Y	CMISB	<ul style="list-style-type: none"> • During FY 2004, 19 individuals received HAB-SE. • 69 individuals received POS funds for employment training.
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Outcome I-E: Individuals with developmental disabilities will have a budget that they control, direct, and manage.

E-1. Target Area: Individuals utilizing public funds

Target Dates	Outcome Measures	Met Y/N	Responsible Party	Commentary
Scheduled to be Met in July, 2003	<u>E-1. Performance Target:</u> a) By 7/1/05, 100% of individuals with developmental disabilities will have an individualized budget that they direct, control and manage.	N	DDSB CMISB	<ul style="list-style-type: none"> Based on the NCI for 2002-2003, 41% of people indicate they decide how money is spent; an increase from 31% in 2001-2002. Figures for 2003-2004 will be available in 12/04. Presentations by Mark Fenton in August 2002 were made to CMISB staff statewide, families/guardians of individuals with DD, and waiver providers on the fiscal intermediary concept, their experiences in other states, and to assess whether this would be appropriate for Hawaii waiver users. Waiver amendment was submitted for consumer directed personal assistance in September 2003. Consumer directed personal assistance along with the activities under the Community Personal Assistance Services & Supports (CPASS) grant will lay the groundwork for individuals to direct, control, and manage their budgets.
Scheduled to be Met in July, 2003	<u>E-1. Milestones:</u> b) By 7/1/03, individuals will be able to negotiate rates for their identified services.	N	CMISB	<ul style="list-style-type: none"> The CPASS grant is a systems change project that demonstrates this activity. Projected date to achieve the outcomes of the project is targeted for September 30, 2005. Project was delayed in 2002-2003 due to revisions and amendments to the original CPASS grant. The project will lay the groundwork and provide training to consumers and their families in working towards this activity.

Scheduled to be Met in July, 2003	<u>E-1. Strategies:</u> g) Amend Waiver rates on a trial basis, to allow a group of individuals to negotiate the rates for their waiver services by 7/1/03.	N	CMISB	<ul style="list-style-type: none"> • A Waiver Amendment of the renewal application was submitted on September 9, 2003 introducing consumer directed supports (personal assistance services only). Implementation is planned for January 2004. Projected timeline for this strategy to be achieved is July, 2006.
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Outcome I-F: Individual, with the help of family or supports as necessary, will develop their self-determined plans.

F-2. Target Area: Person-centered Planning documentation

Target Dates	Outcome Measures	Met Y/N	Responsible Party	Commentary
Scheduled To be Met in 2005	<u>F-1. Performance Target:</u> By 7/1/05, 100% of individuals surveyed will indicate they designed their plans.			
Met on due date of July, 2003	<u>F-1. Milestone:</u> Annually, 100% of individualized service plans sampled will demonstrate individuals designed their plans.	Y	CMISB	<ul style="list-style-type: none"> Individuals are included in the planning process. CMISB's individual mentors have developed guidelines for self-advocates to more fully participate in person-centered planning.
Scheduled To be Met in 2005	<u>F-2. Performance Target:</u> 100% of sampled individualized service plans will document that individuals control, direct, and manage their plans by 7/1/05.		CMISB	
Met on due date of July, 2003	<u>F-2. Milestone:</u> Annually, 100% of service plans document that individuals designed their plans by 7/1/03.	Y	CMISB	<ul style="list-style-type: none"> Individuals are included in the planning process. CMISB's individual mentors have developed guidelines for self-advocates to more fully participate in person-centered planning.

Met on Due Date of December, 2001	<u>F-2. Strategies:</u> c) Person-Centered Planning guidelines for individuals and stakeholders will be made available by 12/31/01.	Y	CMIS	<ul style="list-style-type: none"> • Person centered guidelines for case managers were issued in 2/01. • Handbook on person-centered guidelines for parents and stakeholders was completed in January 2002. This handbook is being translated into 10 languages based on the client needs assessed by case manager supervisors statewide. • Handbook on person-centered guidelines for Individuals (self-advocates) was completed in January 2002. • Individual mentors from CMISB completed their modified handbook and are field testing with other self-advocates. Presented at the 2003 Can Do Self-Determination Conference held on Oahu on October 24-25, 2003.
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Outcome I-G: Individuals will fully participate in the design and development of the DDD's system of supports.

G-1. Target Area: Policy Advisory Committee

Target Dates	Outcome Measures	Met Y/N	Responsible Party	Commentary
To be Met in July, 2005	<u>G-1. Performance Target:</u> By 7/05, 30% of Policy Advisory Committee membership will be individuals with developmental disabilities and 30% family members.			
Met on Due Date of July, 2002	<u>G-1. Milestones:</u> a) By 7/02, individuals with developmental disabilities will be members of the Policy Advisory Committee.	Y	DDD	<ul style="list-style-type: none"> • Waiver Policy Advisory Committee was established in April, 2002, consisting of about 50% individuals with developmental disabilities and family members.
Met on due Date of July, 2002	b) By 7/02, Case Management and Information Services Branch will hire an individual as a mentor to assist other individuals with developmental disabilities on person centered planning.	Y	CMIS	<ul style="list-style-type: none"> • Interviews were completed in October, 2002. • Two individual mentors were hired as staff on November, 2002.

G-2. Target Area: Developmental Disabilities Division Administration

Target Dates	Outcome Measures	Met Y/N	Responsible Party	Commentary
To be Met in 2005	<u>G-2. Performance Target:</u> By 7/05, an individual with developmental disabilities will be hired to provide technical assistance, community organizing, and policy advisement.	Y	CMISB	<ul style="list-style-type: none"> Two individual mentors (individuals with developmental disabilities) were hired on November 2002 by CMISB. They are co-chairpersons of the Community Personal Assistance Services & Supports (CPASS) grant to provide technical assistance and policy advisement in the planning, community organizing, and implementation of this grant. They modified a handbook on person-centered guidelines and are field testing it with other self-advocates.
Met on Due Date of July, 2002	<u>G-2. Milestone:</u> By 7/02, Developmental Disabilities Division will hire a person with developmental disabilities.	Y	DDD	<ul style="list-style-type: none"> An individual with developmental disabilities was hired in February, 2002 as a DD/MR self-advocate on an emergency hire exempt basis. However, the position was eliminated due to lack of funding.

Outcome I-H: Increase individuals' with developmental disabilities opportunities to exercise personal choice and decision-making.
H-1. Target Area: Personal choice and decision-making for individuals with developmental disabilities.

Target Dates	Outcome Measures	Met Y/N	Responsible Party	Commentary
<p>Scheduled To be Met in 2005</p> <p>2005</p> <p>2005</p> <p>2005</p>	<p><u>H-1. Performance Target:</u></p> <ul style="list-style-type: none"> - By 6/30/05, the percentage of people who choose the place where they live will increase from 44% to 49%. - By 6/30/05, the percentage of people who choose how to spend their free time will increase from 90% to 92%. - By 6/30/05, the percentage of people who choose their day program or job will increase from 55% to 65%. - By 6/30/05, the percentage of people who choose what to buy with their spending money will increase from 84% to 89%. 			

Scheduled To be Met in 12/04.	<u>H-1. Milestone:</u> - By 12/31/04, the percentage of people who choose the place where they live will increase from 44% to 46.5%.	N	DDSB	<ul style="list-style-type: none"> • The percentage of people who chose where they live without help or with some help – 2002-2003 = 21% and 2003-2004 = 15%.
12/04	- By 12/31/04, the percentage of people who choose how to spend their free time will increase from 90% to 91%.	N	DDSB	<ul style="list-style-type: none"> • The percentage of people who chose how to spend their free time without help or with some help – 2002-2003 = 79% and 2003-2004 = 76%.
12/04	- By 12/31/04, the percentage of people who choose their day program or job will increase from 55% to 60%.	N	DDSB	<ul style="list-style-type: none"> • The percentage of people who chose their day program without help or with some help – 2002-2003 = 39% and 2003-2004 = 32%.
12/04	- By 12/31/04, the percentage of people who choose what to buy with their spending money will increase from 84% to 86.5%.	N	DDSB	<ul style="list-style-type: none"> • The percentage of people who chose what to buy with their spending without help or with some help – 2002-2003 = 74% and 2003-2004 = 74%.

Outcome II-A: Individuals with developmental disabilities receive services and supports based on Federal and State mandates, in the most integrated, community-based setting as mandated by the Olmstead Decision.

A-1. Target Area: Number of individuals in licensed or certified settings for individuals with developmental disabilities

Target Dates	Outcome Measures	Met Y/N	Responsible Party	Commentary
To be Met in 2005	<u>A-1. Performance Target:</u> a) By 7/1/05, the number of individuals in Intermediate Care Facilities for the Mentally Retarded will be reduced by 50%.			
Scheduled to be met in July, 2003	<u>A-1. Milestone:</u> a) By 7/1/03, the number of individuals in Intermediate Care Facilities for the Mentally Retarded will be reduced by 25%.	N	DDD	<ul style="list-style-type: none"> On July, 2001, 96 individuals with DD/MR resided in an ICR/MR(c). On July, 2003, 74 individuals with DD/MR resided in an ICF/MR(c), a reduction of 22.9%.

Outcome II-B: Individuals in Long Term Care facilities will have the option to choose support services in the community.

B-1. Target Area: Individuals with developmental disabilities in Long Term Care facilities

Target Dates	Outcome Measures	Met Y/N	Responsible Party	Commentary
To be Met in 2005	<u>B-1. Performance Target:</u> By 7/05, all individuals with developmental disabilities in Long Term Care facilities will have an individualized service plan.			
Scheduled to be Met in July 2002	<u>B-1. Milestones:</u> a) By 7/02, 20% of individuals with developmental disabilities in Long Term Care facilities will have an individualized service plan.	N	CMISB	<ul style="list-style-type: none"> CMISB is presently contacting individuals with developmental disabilities in Long Term Care facilities. CMISB has extended this Milestone to 7/03.
Scheduled to be Met in July, 2003	<u>B-1. Milestones:</u> b) By 7/03, 40% of individuals with developmental disabilities in Long Term Care facilities will have an individualized service plan.	N	CMISB	<ul style="list-style-type: none"> CMISB is in the process of contacting individuals with developmental disabilities in Long Term Care Facilities. This process involves contacting the individuals and/or legal guardians as well as the facilities to inform them of their options. This process involves obtaining consents and documents so that an individual service plan (ISP) can be done. Acquisition of documents from facilities has averaged from 2 weeks to 1 month. There are approximately 100 individuals statewide with DD/MR in long-term care facilities. CMISB is extending this milestone.

Outcome II-C: Developmental Disabilities Division is reorganized to address long-term health supports of individuals with developmental disabilities and other identified populations.

C-1. Target Area: Organization of Developmental Disabilities Division

Target Dates	Outcome Measures	Met Y/N	Responsible Party	Commentary
Scheduled to be Met in July, 2002	<u>C-1. Performance Target:</u> DDD is reorganized into a Long Term Health Supports Division by 7/02.	N	DDD	<ul style="list-style-type: none"> The DDD has postponed this performance target indefinitely.
Scheduled to be Met in July, 2001	<u>C-1. Milestone:</u> Complete reorganization proposal by 7/01.	N	DDD	<ul style="list-style-type: none"> The DDD has postponed this milestone indefinitely.
Met on Due Date of July, 2001	<u>C-1. Strategies:</u> a) Implement Memorandum of Agreement between DHS and DOH to provide DOH with authority to manage the MR/DD Waiver.	Y	DDD	<ul style="list-style-type: none"> The Memorandum of Agreement was signed and became effective on October 3, 2001.
Scheduled to be Met in January 2002	b) Submit proposal for State approval by 1/1/02.	N	DDD	<ul style="list-style-type: none"> Date has been postponed indefinitely.
Scheduled to be Met on 7/1/03 to 7/1/05 biennium budget	c) Submit biennium 7/1/03 to 7/1/05 budget to reflect approved reorganization.	N	DDD	<ul style="list-style-type: none"> 7/1/03 to 7/1/05 biennium budget does not reflect reorganization into a Long Term Health Supports Division. This reorganization has been postponed indefinitely.

Outcome II-D: Developmental Disabilities Division's 5-Year Plan Outcomes are attained.

D-1. Target Area: Implementation of Plan

Target Dates	Outcome Measures	Met Y/N	Responsible Party	Commentary
To be Met in 2005	<u>D-1. Performance Target:</u> 100% of Developmental Disabilities Division's Plan outcomes are attained by 7/05.			
Scheduled to be Met in July, 2003	<u>D-1. Milestone:</u> 100% of Developmental Disabilities Division's milestones are attained by 7/03.	N	DDD	<ul style="list-style-type: none"> 47% of Developmental Disabilities Division's milestones were attained by 7/03.
Scheduled to be Met in July 2002	<u>D-1. Strategies:</u> d) Developmental Disabilities Division will conduct a self-assessment by 7/02 and apply for the Hawaii State Award for Excellence by 7/03. (This local award is based on the Malcolm Baldrige National Quality Award, coordinated by the Chamber of Commerce, and endorsed by the Governor).	N	DDD	<ul style="list-style-type: none"> The DDD has postponed these dates indefinitely.

Outcome III-A: The waitlist for services will move at a reasonable pace.

A-1. Target Area: Home & Community Based Services for the MR/DD Waiver

Target Dates	Outcome Measures	Met Y/N	Responsible Party	Commentary
To be Met in 2005	<u>A-1. Performance Targets:</u> a) By 7/05, 1,000 waitlisted individuals will receive MR/DD Waiver services.			
To be Met in 2005	b) By 7/05, individuals will receive services within one year of placement on the DD waitlist.			
Scheduled to be Met in July, 2001	<u>A-1. Milestones:</u> a) By 7/01, 1,449 individuals will receive HCB Waiver services.	N	CMISB	<ul style="list-style-type: none"> • 1333 individuals received HCB Waiver services by 7/01. Original estimates for waiver admission in the previous fiscal year was approximately 100 above target. In FY '01, 273 were admitted. * The total estimated unduplicated recipients = 1,200.
Scheduled to be Met in July, 2002	b) By 7/02, 1,709 individuals will receive HCB Waiver services.	N	CMISB	<ul style="list-style-type: none"> • 1,560 individuals received HCB services by 7/02. * The total estimated unduplicated recipients = 1,560.
To be Met in July, 2003	c) By 7/1/03, 1,969 individuals will receive Home and Community-Based Waiver services.	N	CMISB	<ul style="list-style-type: none"> • As of June 30, 2003, there were 1,777 individuals who received HCB Waiver services.

A-2. Target Area: Purchase of Services

Target Dates	Outcome Measures	Met Y/N	Responsible Party	Commentary
To be Met in 2005	<u>A-2. Performance Target:</u> a) By 7/1/05, and on an annual basis, 50% of those individuals waitlisted for Purchase of Service funded services will receive services.			
Met on Due Date of July, 2002	<u>A-2. Milestones:</u> a) By 7/1/02, on an annual basis, 25% of those individuals waitlisted for Purchase of Service funded services will receive services.	Y	CMIS	<ul style="list-style-type: none"> The waitlist for Purchase of Service funded services was reduced by 30% for FY 2002, from 767 to 533 individuals.
Met on Due Date of July, 2003	b) By 7/1/03, on an annual basis, 35% of those individuals waitlisted for Purchase of Service funded services will receive services.	Y	CMISB	<ul style="list-style-type: none"> The waitlist for Purchase of Service funded services has been reduced by 57% for FY 2004, from 214 to 123 individuals. A total of 124 individuals received PCAS supports. A total of 450 individuals received PICL supports. Total number of individuals served in POS funded services totaled 574 individuals.

Outcome IV-A: Non-State dollars are used to supplement resources for Developmental Disabilities Division's initiatives.

A-1. Target Area: Non-State Dollars.

Target Dates	Outcome Measures	Met Y/N	Responsible Party	Commentary
To be met in 2005	<u>A-1. Performance Target:</u> a) \$300,000 in non-State funds or services will be obtained annually through grant and other arrangements by 7/1/05.			
Met on Due Date of July, 2003	<u>A-1. Milestone:</u> a) \$125,000 in non-State funds or services will be obtained annually through grants and arrangements by 7/1/03.	Y	DDD CMISB DDSB	<ul style="list-style-type: none"> • The CPASS grant award is \$725,000 for the 3 year grant period. This reflects approximately \$241,666 in non-State funds received from the Center for Medicare and Medicaid Services. • TBI Implementation Grant = \$200,000 per year for FY 2003-2005.